REMEMBER:

- All impermissible uses or disclosures must be reported to MDCHPrivacySecurity@michigan.gov.
- Only use or disclose the MINIMUM NECESSARY, 45 CFR 164.502(b)(1)-(2), to accomplish the intended purpose of the use, disclosure, or request. Minimum Necessary always applies unless the disclosure is made:
 - o to the INDIVIDUAL.
 - o to a PROVIDER for TREATMENT purposes,
 - per a VALID AUTHORIZATION,
 - o to DHHS, or
 - o AS REQUIRED BY LAW (as long as the PHI is relevant to the request).
- PROTECTED HEALTH INFORMATION (PHI) is any health information that is combined with any identifier, including dates or demographic information, and is collected, created, maintained, or transmitted by a HIPAA covered entity in any form or medium Electronic, Paper, Fax, Verbal, E-mail, Phone, etc.
- **HEALTH INFORMATION** is any information that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.
- The HIPAA specified <u>IDENTIFIERS</u>, 45 CFR 164.514, are: Names; addresses (all geographic subdivisions smaller than a state 3 digit zip codes are allowed for populations greater than 20,000); dates (including birth, admission, discharge, etc.); telephone numbers; fax numbers; electronic mail addresses; social security numbers; medical record numbers; health plan beneficiary numbers; account numbers; certificate/license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; web universal resource locators (URLs); Internet Protocol (IP) address numbers; Biometric identifiers, including finger and voice prints; full face photographic images and any comparable images; and any other unique identifying number, characteristic, or code.
- The HIPAA Privacy rule does not apply to Health Information that has been completely **DE-IDENTIFIED**.
- <u>VERIFY that a REQUESTOR</u> (of PHI) has the right to receive the PHI by confirming, at a minimum, the requestor's authority, beneficiary name, date of birth, full address, Medicaid ID number or SS# (and Provider ID if provider is making the request), and ask for a phone number. Always ask for as much information needed to verify requestor and requestor's authority to receive PHI.
- <u>AUTHORIZATIONS</u>, 45 CFR 164.508, must be **HIPAA compliant**. See downloadable MDCH HIPAA compliant form on the department's website. A checklist is available on the intranet HIPAA website for use to ensure that a non-MDCH authorization form is HIPAA compliant. A beneficiary is entitled to a copy of the completed authorization.
- <u>ACCOUNTING OF DISCLOSURES</u>, 45 CFR 164.528. TRACKING IS REQUIRED WHEN INDICATED IN THE LAST COLUMN OF THE MATRIX. THE FOLLOWING INFORMATION MUST BE AVAILABLE:
 - Beneficiary's Name and Medicaid ID# or SS#
 - Date of Disclosure
 - Name of entity or person receiving the PHI and address if known.
 - A brief description of the PHI
 - A brief statement of the purpose that reasonably informs the individual of the basis for the disclosure or, in lieu of such statement, a copy of the written request.

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NOT ADDRESS OTHER APPLICABLE LAWS. OTHER LAWS, SUCH AS THE MENTAL HEALTH CODE, THAT IN MANY INSTANCES OFFER GREATER

PROTECTION OF PHI ARE TO BE COMPLIED WITH, SEE PREEMPTION RULE 45 CFR 160.201 - 205

To/For Purpose of:	When Disclosing PHI	Use or Disclosure is Permitted	Disclosure Permitted with opportunity to object OR opt out	Disclosure is Required (Per Privacy Regs Only) Other Law May Require Disclosure	Valid Authorization Required 45 CFR 164.508	Accounting of Disclosures 45 CFR 164.528
Treatment	For Provision of Treatment	Yes	N/A	No	No	No*
45 CFR 164.501	For Coordination of Treatment	Yes	N/A	No	No	No*
0 t		Yes	N/A	No	No	No*
s nt or t der men	For Consultation between providers	Yes	N/A	No	No	No*
CE's CE's times times you consider the consideration of the constant times tim	For Referral - between one or more	Yes	N/A	No	No	No*
For CE's own treatment treatment a purpose or to a provider for treatment 45 CFR 164.506	provider	163	IN/A	INO	NO	NO
Payment	For Premiums to Health Plans	Yes	N/A	No	No	No*
45 CFR 164.501	To Obtain or provide reimbursement for the provision of healthcare	Yes	N/A	No	No	No*
	For Eligibility Determination	Yes	N/A	No	No	No*
ti	For Coordination of Benefits	Yes	N/A	No	No	No*
yme	For Cost Sharing	Yes	N/A	No	No	No*
's pa	For Adjudication	Yes	N/A	No	No	No*
ıtity	For Subrogation	Yes	N/A	No	No	No*
at er	For Risk Adjusting	Yes	N/A	No	No	No*
es or th	For Billing	Yes	N/A	No	No	No*
pose	For Claims management	Yes	N/A	No	No	No*
t pur	For Collections	Yes	N/A	No	No	No*
nen:	For Reinsurance	Yes	N/A	No	No	No*
For CE's own Payment purposes To another CE or provider for that entity's payment activities 45 CFR 164.506	To Review for medical necessity , Health Plan coverage, Appropriateness of Care, Justification of Charges	Yes	N/A	No	No	No*
• For CE • To and activitit 45 CFI	For Utilization Review , Pre-certification, Preauthorization, Concurrent and Retrospective Review	Yes	N/A	No	No	No*
	For a Consumer reporting agency to collect premiums or reimbursement - the following information can be released: • Name and address,	Yes	N/A	No	No	No*

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	 Date of Birth, SS#, Payment history, Account #, Name and address of the health care provider and/or plan. 					
Health Care Operations 45 CFR 164.501,	*For Quality Assessment and Improvement activities - outcomes evaluations, development of clinical guidelines, case mgt, care coord	Yes	N/A	No	No	No*
wing): individual descriptions in	*To Review competence or qualifications of providers; practitioner or health plan performance; and training, accreditation, certification, licensing, or credentialing,	Yes	N/A	No	No	No*
Is IE (all of following): relationship with the individual relationship & te of the starred * descriptions in are fraud and abuse detection or .506	For Underwriting, premium rating , (unless health insurance benefits not placed with the health plan)	Yes	N/A	No	No	No*
erations or its operations has or had relatified retrains to the resolute is for one source is for one one one of health can ose of health can 45 CFR 164.5	To Conduct, arrange for medical review, legal services, auditing, including fraud and abuse detection and compliance programs	Yes	N/A	No	No	No*
• For CE's own Opera • To another CE for 1) each CE ha 2) the PHI per 3) the discloss next column, for the purpos compliance.	For Business planning and development, cost management, formulary development and administration	Yes	N/A	No	No	No*

To/For	Detail	Use or	Disclosure	Disclosure is	Valid	Accounting
Purpose of:		Disclosure	Permitted with	Required	Authorization	of
	When Disclesing DIII	is Permitted	opportunity to object OR opt	(Per Privacy Regs Only) Other Law	Required 45 CFR 164.508	Disclosures 45 CFR 164.528
	When Disclosing PHI		out	May Require Disclosure		
	For Business management and general administrative activities of the entity, including: • Management activities related to complying w/privacy regs, • Customer service - includes data analyses w/o release of PHI to a policyholder, plan sponsor or customer, • Resolution of internal grievances, The sale transfer, merger or consolidation of all or part of the covered entity.	Yes	N/A	No	No	No*
Release to the INDIVIDUAL 45 CFR 164.502	To the individual or legally authorized individual	Yes	N/A	Yes	No	No
Release of Information by WHISTLE- BLOWERS or Workforce Members who are Victims of a Crime 45 CFR 164.502(j)	By an employee of MDCH to a health oversight agency or public health authority authorized by law to investigate or oversee relevant conduct or conditions of MDCH, or to the employee's attorney, because the employee believes in good faith that MDCH has engaged in unlawful or unprofessional standards, then MDCH is not considered to have violated the requirements of these regulations	Yes	N/A	No	N/A	Yes - for Whistleblowers, No for Workforce Members

		222020				
To/For Purpose of:	When Disclosing PHI	Use or Disclosure is Permitted	Disclosure Permitted with opportunity to object OR opt out	Disclosure is Required (Per Privacy Regs Only) Other Law May Require Disclosure	Valid Authorization Required 45 CFR 164.508	of Disclosures 45 CFR 164.528
Marketing 45 CFR 164.508(a)(3)	For Marketing , authorization is required. If payment is being made for the PHI that is used for marketing purposes, the authorization must also state that payment is involved.	No	No	No	Yes Additional Authorization requirements if payment is involved.	No
	If the communication is face to face and made by a covered entity to an individual or If the communication is in the form of a promotional gift of nominal value and is provided by the covered entity.	Yes Yes	No	No	No	No
Use or Disclosure of PHI in a Facility Directory 45 CFR 164.510	For a facility directory , the patient has the opportunity to agree or object. The agreement or objection does not have to be in writing - a verbal expression is acceptable. Emergency circumstances may allow the disclosure of PHI without giving the patient an opportunity to object. (see 164.510(a)(3)	Yes Opportunity to Object	Yes Opportunity to Object	No	No	No
Sharing PHI with Beneficiary's family member,	To a family member , relative, or close personal friend, disclosure is permitted when the information is relevant to the person's involvement with the individual's care or payment for health care services,	Yes See Detail Column	Yes Opportunity to Object	No	No	No

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To/For Purpose of:	When Disclosing PHI and the patient has the opportunity to	Use or Disclosure is Permitted	Disclosure Permitted with opportunity to object OR opt out	Disclosure is Required (Per Privacy Regs Only) Other Law May Require Disclosure	Valid Authorization Required 45 CFR 164.508	Accounting of Disclosures 45 CFR 164.528
or close personal friend 45 CFR 164.510	object. The agreement or objection does not have to be in writing - a verbal expression is acceptable.					
As Required by Law 45 CFR 164.512(a)	As required by law . The PHI disclosed must be limited to the relevant requirements of the applicable law. Also - must meet specific requirements of 45 CFR 164.512(c), (e), (f)	Yes	Not Required- but for some laws must inform the individual (see rule)	No	No but for some laws must inform the individual (see rule)	Yes
Public Health Activities 45 CFR 164.512 (b)	To a public health authority that is authorized by law to collect or receive such information To report: disease or injury, exposure to communicable disease, or vital statistics, Or to conduct: public health surveillance, investigations, or interventions 	Yes	Not Required	No	No	Yes
	To a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect	Yes	Not Required	No	No	Yes

To/For Purpose of:	Detail When Disclosing PHI	Use or Disclosure is Permitted	Disclosure Permitted with opportunity to object OR opt out	Disclosure is Required (Per Privacy Regs Only) Other Law May Require Disclosure	Valid Authorization Required 45 CFR 164.508	Accounting of Disclosures 45 CFR 164.528
	To a person under FDA jurisdiction who oversees the quality, safety or effectiveness of FDA regulated products or activities To collect or report adverse events, product defects or problems, or biological product deviations, To track FDA regulated products, To enable product recalls, repairs, or replacement, To conduct post marketing surveillance.	Yes	Not Required	No	No	Yes
	To a person who has been exposed to a communicable disease, if a law authorizes notification of the individual	Yes	Not Required	No	No	Yes
	To an employer when the individual is a member of the workforce and information is used to conduct a medical surveillance of the workplace, or to evaluate whether a work related illness or injury occurred	Yes However, the employee must be notified. (See rule)	Not Required	No	No However, the employee must be notified. (see rule)	Yes
Victims of Abuse, Neglect or Domestic Violence. 45 CFR 164.512(c)	To a government authority, including a social service or protective services agency, authorized by law to receive such reports	Yes	Not required for child abuse or neglect An adult may have the option to not agree (see rule)	No No	No However, the adult victim must be informed - but there are exceptions (see rule)	Yes

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To/For	Detail	Use or	Disclosure	Disclosure is	Valid	Accounting
Purpose of:	Betan	Disclosure	Permitted with	Required	Authorization	of
i di pose oi:		is	opportunity to	(Per Privacy	Required	Disclosures
		Permitted	object OR opt	Regs Only)	45 CFR 164.508	45 CFR 164.528
	When Disclosing PHI		out	Other Law May Require		
				Disclosure		
Health	That is authorized by law	Yes	Not Required	No	No	Yes (but can be
Oversight	Examples:					temporarily
Activities	Audits,					suspended
45 CFR	 civil administrative, or criminal 					under certain
164.512(d)	investigations-proceedings-actions,					conditions - see
	inspections, or					164.528(a)(2))
	 licensure or disciplinary actions 					
	Necessary to oversee:					
	 Health care system, 					
	Government benefit programs					
	(health info relevant to eligibility),					
	Compliance with program					
	standards, or					
	Entities that are subject to civil rights Source for subject to civil rights Source for subject to civil rights					
	laws for which health information is					
	necessary for determining compliance					
	(Should not include investigation of the					
	individual except where it relates to an					
	individual obtaining public health benefits.					
	See Rule.)					
Judicial and	In response to:	Yes	N/A	No	No	Yes
Administra-	 An order of a court or administrative 					
tive	tribunal, - disclose only the PHI					
Proceedings	expressly authorized by the order.					
45 CFR 164.512(e)	In response to:	Yes	Individual may	No	No	Yes
104.512(6)	A subpoena,		object.		However,	
	Discovery request, or		Requestor must		Requestor must	
	Other lawful process		assure MDCH		assure MDCH	

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To/For	Detail	Use or	Disclosure	Disclosure is	Valid	Accounting
Purpose of:	- John	Disclosure	Permitted with	Required	Authorization	of
- G.: P - G - G - I		is	opportunity to	(Per Privacy	Required	Disclosures
	When Disclosing PHI	Permitted	object OR opt out	Regs Only) Other Law May Require Disclosure	45 CFR 164.508	45 CFR 164.528
			that a good faith effort was made to notify the individual of the request for PHI - or a qualified protective order for the PHI has been secured. See rule.		that a good faith effort was made to notify the individual of the request for PHI or a qualified protective order for the PHI has been secured. See rule.	
Law Enforcement 45 CFR 164.512(f)	For a law enforcement purpose to a law enforcement official to report information as required by law	See specific instances below	No	No	No	Yes (But can be temporarily suspended under certain conditions - see 164.528(a)(2))
	(1) PHI may be disclosed pursuant to process and as otherwise required by law, i.e. court order, subpoena or summons, administrative subpoena, etc. Limit PHI disclosed to what is relevant to the request.	Yes	No	No	No	Yes (But can be temporarily suspended under certain conditions - see 164.528(a)(2))
	(2) Limited information for identification and location purposes - of a suspect, fugitive, material witness or missing person may be disclosed. (Process,	Yes But limited	No	No	No	Yes (But can be temporarily suspended under certain

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Revised 01/19/2010

Guide prepared by Teresa Mulford

To/For	Detail	Use or	Disclosure	Disclosure is	Valid	Accounting
Purpose of:	Botan	Disclosure	Permitted with	Required	Authorization	of
T di poso on	When Disclosing PHI	is Permitted	opportunity to object OR opt out	(Per Privacy Regs Only) Other Law May Require Disclosure	Required 45 CFR 164.508	Disclosures 45 CFR 164.528
	subpoena, court order not required.) The only information that may be disclosed is: Name and address;					conditions - see 164.528(a)(2))
	(3) PHI Disclosure concerning Victims of a Crime. Permitted unless unable to obtain the victim's agreement - (see requirements 164.512(f)(3)(ii))	Yes See detail	Yes Unless unable to obtain the victim's agreement - (see requirements 164.512(f)(3)(ii))	No	No	Yes (But can be temporarily suspended under certain conditions - see 164.528(a)(2))

To/For Purpose of:	When Disclosing PHI	Use or Disclosure is Permitted	Disclosure Permitted with opportunity to object OR opt out	Disclosure is Required (Per Privacy Regs Only) Other Law May Require Disclosure	Valid Authorization Required 45 CFR 164.508	Accounting of Disclosures 45 CFR 164.528
	(4) PHI Disclosure concerning Decedents if there is a suspicion the death was the result of criminal conduct.	Yes	No	No	No	Yes (But can be temporarily suspended under certain conditions - see 164.528(a)(2))
	(5) PHI evidence of crime on premises of the covered entity. (CE has good faith belief the PHI constitutes evidence of the crime.)	Yes	No	No	No	Yes (But can be temporarily suspended under certain conditions - see 164.528(a)(2))
	(6) A provider may disclose PHI in responding to a medical emergency resulting from a crime.	Yes	No	No	No	Yes (But can be temporarily suspended under certain conditions - see 164.528(a)(2))
Disclosure of PHI about Decedents	(1) To Coroners and medical examiners as authorized by law	Yes	No	No	No	Yes
45 CFR 164.512(g)	(2) To funeral directors consistent with applicable law	Yes	No	No	No	Yes

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To/For Purpose of:	Detail	Use or Disclosure is	Disclosure Permitted with opportunity to	Disclosure is Required (Per Privacy	Valid Authorization Required	Accounting of Disclosures
	When Disclosing PHI	Permitted	object OR opt out	Regs Only) Other Law May Require Disclosure	45 CFR 164.508	45 CFR 164.528
Cadaveric Organ, Eye or Tissue Donation Purposes 45 CFR 164.512(h)	For procurement/donation/transplantation purposes	Yes	No	No	No	Yes
Research 45 CFR 164.512(i)	For Research, MDCH may use or disclose PHI, regardless of the funding source, provided that:					
	(i) the MDCH Institutional Review Board (IRB) approves an alteration to or waiver, in whole or part, of an authorization.	Yes	No	No	No	Yes
	(ii) the request for PHI is for a Review preparatory to research. Access to the PHI is allowed providing that: the information is sought to prepare a research protocol, no PHI will leave the premises, and the PHI is necessary for the review.	Yes	No	No	No	Yes
	(iii) the request for PHI is for Research on Decedent's information. PHI is allowed when: the researcher asserts that only the decedent's PHI is sought, the researcher can provide documentation of the death, and that the PHI is necessary for the research purposes.	Yes	No	No	No	Yes
Limited Data Sets 45 CFR	In a limited data set and MDCH has entered into a data use agreement with the recipient of the information as outlined in the rule	Yes	No	No	No	No

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To/For Purpose of:	When Disclosing PHI (See rule) Must be for purpose of Research, Public Health, or	Use or Disclosure is Permitted	Disclosure Permitted with opportunity to object OR opt out	Disclosure is Required (Per Privacy Regs Only) Other Law May Require Disclosure	Valid Authorization Required 45 CFR 164.508	Accounting of Disclosures 45 CFR 164.528
Avert a Serious Threat to Health or Safety 45 CFR 164.512(j)	Health Care Operations. To avert a serious threat to health or safety (1) Disclosure may be made if CE, in good faith , believes: (i) (A) The disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and (B) is to a person(s) able to prevent or lessen the threat, including the target of the threat or (ii) Disclosure is necessary for law enforcement authorities to identify or apprehend an individual: (A) because individual made statement admitting participation in a violent crime that the CE believes may have caused serious physical harm to a victim or (B) where it appears the individual may have escaped from lawful custody (164.501).	Yes	No	No	No	Yes
	admission of crime is made during counseling or therapy or if requesting treatment. (See rule.)	-	-			

To/For Purpose of:	Detail	Use or Disclosure is Permitted	Disclosure Permitted with opportunity to object OR opt	Disclosure is Required (Per Privacy Regs Only)	Valid Authorization Required 45 CFR 164.508	Accounting of Disclosures 45 CFR 164.528
	When Disclosing PHI	remitted	out	Other Law May Require Disclosure		
	(3) If disclosure is necessary for law enforcement authorities to identify or apprehend an individual because of a statement by an individual admitting participation in a violent crime [164.512(j)(1)(ii)(A) above] the disclosure must be limited to the individual's statement of admission and include only the information allowed in 164.512(f)(2)(i) above.	Yes	No	No	No	Yes
Specialized Government Functions 45 CFR 164.512(k)	(1) For Military and veterans activities (See Rule.)	Yes With specific requirement	No	No	No	Yes
	(2) To authorized federal officials for the purpose of National security and Intelligence activities	Yes	No	No	No	No
	(3) To authorized federal officials for the purpose of Protective services for the President and others	Yes	No	No	No	Yes
	(4) For medical suitability determinations, for security clearance, for mandatory service abroad, or to accompany a Foreign Service Member abroad, and the release is made by a Department of State component.	Yes	No	No	No	Yes

To/For Purpose of:	Detail	Use or Disclosure	Disclosure Permitted with	Disclosure is Required	Valid Authorization	Accounting of
	When Disclosing PHI	is Permitted	opportunity to object OR opt out	(Per Privacy Regs Only) Other Law May Require Disclosure	Required 45 CFR 164.508	Disclosures 45 CFR 164.528
	 (5) To Correctional Institutions and for other law enforcement custodial situations: To provide health care to the individual, For the health and safety of individual and other inmates, For the health and safety of officers/employees, For the health and safety of others generally, During transport, For law enforcement on the premises, or For the administration and maintenance of the safety, security, and good order of the correctional institution. The correctional institution covered entity may use PHI for any purpose. An individual is no longer an inmate when released on parole, probation, supervised release, or otherwise is no longer in lawful custody. 	Yes	No	No	No	No
	(6) By Government programs-Health Plans providing public benefits - eligibility and enrollment information may be shared if expressly authorized by statute or regulation.	Yes	No	No	No	Yes

To/For Purpose of:	When Disclosing PHI	Use or Disclosure is Permitted	Disclosure Permitted with opportunity to object OR opt out	Disclosure is Required (Per Privacy Regs Only) Other Law May Require Disclosure	Valid Authorization Required 45 CFR 164.508	of Disclosures 45 CFR 164.528		
	Government agencies administering government programs providing public benefits may share PHI if the programs serve the same or similar populations and disclosure is necessary to coordinate functions or improve the administration and management of the programs.							
Workers' Comp 45 CFR 164.512(I)	As authorized by workers' compensation laws.	Yes	No	No	No	Yes		
Fundraising 45 CFR 164.514(f)	To a business associate or an institutionally related foundation to raise funds for the covered entity's own benefit. PHI must be limited to: demographic information and the dates of health care provided to the individual. PHI disclosure for fundraising must be stated in the covered entity's' notice of privacy practices.	Yes	Yes Opportunity to Opt Out	No	No	Yes		
Secretary of Department of Health and Human Services/ Office of Civil Rights 45 CFR 160.304, 45 CFR 160.310	To DHHS/OCR as required for compliance/enforcement purposes.	Yes	No	Yes	No	Yes		

To/For Purpose of:	When Disclosing PHI	Use or Disclosure is Permitted	Disclosure Permitted with opportunity to object OR opt out	Disclosure is Required (Per Privacy Regs Only) Other Law May Require Disclosure	Valid Authorization Required 45 CFR 164.508	Accounting of Disclosures 45 CFR 164.528
Disaster Relief 45 CFR 164.510(b)(4)	To a public or private entity authorized by law or by its charter to assist in disaster relief efforts. The disclosure is made to coordinate efforts to notify, (or locate, or identify) an individual's family member, friend, personal representative, or other person involved with the individual's care. The disclosure can include information about the individual's location, general condition, or death. Disclosure is always permitted to a provider for treatment purposes.	Yes	Yes - opportunity to object if individual is present and has capacity - as long as this requirement does not interfere with the ability to respond to the emergency.	No	No	No
In Error - All Disclosures not Addressed Above	By accident, unintentionally, or inappropriately - all impermissible uses or disclosures must be reported to the MDCHPrivacySecurity@michigan.gov e-mail box. ******** MDCH sanctions and/or civil or criminal penalties can be imposed for failure to report an impermissible use or disclosure.	No	No	No	N/A	Yes

^{*}The Health Information Technology Economic and Clinical Health Act (HITECH) under the American Recovery and Reinvestment Act (ARRA) will require accounting of disclosures for treatment, payment, and health care operations in the future, but that will depend on the covered entity and time of implementation of electronic health records.